

● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : <u>10/000677</u>	Examiner : <u>Rabago</u>	GAU : <u>1713</u>
From: <u>T. McGill</u>	Location: <u>IDC</u> FMF FDC	Date: <u>5-27-05</u>
Tracking #: <u>0084641</u>		Week Date: <u>3-14-05</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM		<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input checked="" type="checkbox"/> OATH	<u>6-20-03</u>	
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE: there is no city listed for
1st inventors Residence.

Thank You

[XRUSH] RESPONSE: _____

city is Salton de Providence

Per [Signature]

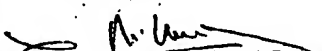
INITIALS: [Signature]


NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
 REV 10/04

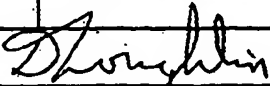
6/27
Emel


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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's Signature		Date		

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MAILING ADDRESS	Street Address	City	State and Country	Postal Code
Inventor's Signature		Date		



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Bib Data Sheet

CONFIRMATION NO. 7042

SERIAL NUMBER 10/600,677	FILING OR 371(c) DATE 06/20/2003 RULE	CLASS 525	GROUP ART UNIT 1713	ATTORNEY DOCKET NO. 2003L002
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/12/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 0	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged _____ Examiner's Signature Initials				

ADDRESS

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TITLE

PROCESS FOR FORMING POLYALKENYL ACYLATING AGENTS

FILING FEE RECEIVED 1122	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit